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\*\* CONTINUING DATA \*\*\*\*\* NONE

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* FP  
 GERMANY 102 34 407.8 07/29/2002

 IF REQUIRED, FOREIGN FILING LICENSE  
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY GERMANY	SHEETS  DRAWING 2	TOTAL  CLAIMS 14	INDEPENDENT  CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>[Signature]</u> Examiner's Signature Initials				

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## TITLE

Rinsing liquid treatment device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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